

**RHC Record Review Form**

*(Please refer to the CfC for Record Systems at J-0066 and related standards for additional specific information).*

An appropriate records system is being used by the clinic? (J-0067)  Yes  No

Procedures in place for the maintenance of health care records? (J-0057)  Yes  No

Policies address the use and removal of records from the clinic and the conditions for release of information? (J-0073)

Yes  No

Is there a designated member of professional staff responsible for ensuring records are completely and accurately documented, readily accessible and systematically organized? (J-0069)  Yes  No

Records maintained in accordance with Policy and procedure? (J-0068)  Yes  No

Does the clinic provide adequate protection of record information? (J-0071)  Yes  No

Does the clinic maintain confidentiality of record information and protect against loss, destruction or unauthorized use? (J-0072)  Yes  No

Patient Records are maintained for at least 6 years from the date of last entry? (J-0075)  Yes  No

Findings:

PT Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

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Identification & Social Data <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Evidence of Consent forms <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A **See also J-0074 for release of information** Pertinent Medical History <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Assessment of health status and health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A A brief summary of the episode, disposition, and instructions to the patient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Reports of physical examinations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Diagnostic and Laboratory test results <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Consultative findings <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A All physician orders, reports of treatments and medications <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Other pertinent information necessary to monitor the patient's progress <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Signatures of the physician or other health care professional <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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